FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004469
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN Columbia
Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Arrowhead Motel
Length of stay in Hospital 6 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ohio
b. COUNTY Loraine
c. CITY OR TOWN Elyria
Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1935 Grafton Rd
Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Myron Middle C. Last Saussler
4. DATE OF DEATH Month Feb. Day 21 Year 1958
5. SEX M
6. COLOR OR RACE Wh
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 4/13/1907
9. AGE (In years last birthday) 50
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Spring Plant
11. BIRTHPLACE (City and state or country) Cleveland Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Christ Saussler
13b. MOTHER'S MAIDEN NAME Celsie Goetz
14. NAME OF HUSBAND OR WIFE Edith Mae Saussler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Wife Address Mrs. Edith Mae Saussler, Elyria, Ohio

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at Coroner's Case m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Morison Neal, M.D. (Degree or title)
22b. ADDRESS Columbia, Mo.
22c. DATE SIGNED 2/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 2-22-58
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Elyria, Ohio
24. FUNERAL DIRECTOR Lyman Sprinkle ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 22, 1958
26. REGISTRAR'S SIGNATURE Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Lyman W. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.